ended, scarcely any supervision is required, and no dressing needed; all that is necessary is to keep the part clean, and the patient may inject into the fistulous passage from time to time a lotion of coal-tar or carbolic acid. All Dr. Courty's patients have done remarkably well. There has been no hemorrhage; the pain has been but slight and easily controlled by sedatives; many patients after the first day did not keep their beds, but walked about the chamber, and even went out of doors; and no secondary accident has occurred, the wounds healing with great facility. To lessen pain at the operation, and give ease after it, Dr. Courty directs his patients to take every hour (commencing some hours before the operation) small doses of morphia and chloral alternately: this is continued until all the pain subsides. The ligature comes away in from six to eighteen days, the most usual time being nine days, by which time the wound is generally nearly cicatrized. Dr. Courty prefers the tubular to the solid India-rubber, the former being, in his experience, of more uniform strength and less liable to fracture.—*London Med. Record*, March 24, 1875.

46. *Reduction of Dislocation of the Femur by Manipulation.*—Prof. DOLBEAU furnishes an account of his experience of reducing dislocations of the femur by manipulation. During the seventeen years he has been a Paris hospital surgeon, he states that he has reduced fifteen of these dislocations, twelve of them being ilio-ischiatic, two ilio-pubic, and one ischio-pubic. All have been reduced by himself without assistance and without difficulty, the *procédé de Desprès* having been employed in all of them. This was really the method of combined flexion and rotation employed by Pouteau in the last century, but revived and erected into a system of Desprès in 1835. Of course, since then, the use of chloroform, by means of which complete muscular resolution is obtainable, has immensely added to the practicability of the measure.

One of the cases related is very remarkable from the unexpected way in which reduction took place. A youth was brought to the hospital who fifty-five days before had his right leg fractured. This did very well; but, it being found that the patient could not walk, it was discovered that the same accident which had caused a fracture of the leg had also dislocated the femur. This had been overlooked; and now, in order to see what could be done for it after so long a period, the patient was put under chloroform. When resolution was produced, the thigh was suddenly flexed, and the cracking noise that occurred indicated the rupture of some of the adhesions. The flexion had passed beyond a right angle, and it was evident an ischiatic dislocation was present. Adding immediately to the flexion the rotation of the limb outwards and downwards, M. Dolbeau, to his great astonishment, found that reduction had been effected; what was intended, in fact, for a mere exploratory examination having proved a complete cure.

In another case, in which the luxation was supra-pubic, M. Dolbeau resolved to imitate a plan adopted by Larrey in a case which had resisted very energetic extension. This consisted in placing the luxated thigh on the shoulder of the operator while he pressed with both hands on the displaced head. While, however, he was placing the thigh on his shoulder, and, of course, flexing it on the pelvis, he perceived the head descending towards the acetabulum, and had only to execute a slight rotation inwards to secure complete reduction. In another case there was dislocation outwards and downwards of eight days' duration, for the reduction of which repeated and violent traction had been employed in vain. The subject was a vigorous young man, who was also a drunkard, so that chloroform had but little effect upon him. On the first trial of Desprès' method, the dislocation, from being iliac, was transformed into one of the sciatic notch, and then of the foramen ovale. The rotatory movement employed had probably been too energetic, the head having turned round two-thirds of the cotyloid cavity without entering it. As the muscular resolution still continued imperfect, although chloroform had been given abundantly, the administration of this was pushed almost to a dangerous extent; and, just when the patient's situation seemed critical from this cause, very strong flexion of the thigh, followed by a moderate rotation downwards and inwards, effected the reduction. From this case it is evident that the procedure enables us to move the head just as much as we want, and that without taking care we may even go beyond the object we have in view, and, while passing along the border of the cavity, convert an external into an internal luxation.

Prof. Dolbeau's general conclusions are—1. That all recent dislocations of the femur, whatever their varieties may be, may be reduced by Desprès' procedure. 2. That this procedure, which belongs to the gentle methods, is often attended with success in cases in which the forcible method fails. 3. That flexion of the thigh, combined with rotation of the limb, enables the head to become disengaged from all the obstacles that may retain it, and at the same time to pass along the various portions of the circumference of the acetabulum until it is brought into relation with the laceration of the capsule, the only aperture by which it can re-enter the cavity. 4. Before having recourse to forcible measures his procedure should be tried, after complete muscular resolution has been obtained by the administration of chloroform, The value of the method has, in fact, become double since the discovery of chloroform.—*Med. Times and Gaz.*, April 17, from *Bulletin de Thérapeutique*, March 15, 1875.

47. *Elastic Ligature for the Cure of Webbed Fingers.*—Dr. MARTIN VOGEL of Eisleben records the case of a puny child, one of twins, three months of age, with webbed fingers in which he successfully resorted to the elastic ligature. The deformity was symmetrical on the two sides, and consisted in a complete union between the third and fourth digits, which were exactly equal in length. On the dorsal aspect the skin passed from one to the other without showing the trace of an intervening furrow, while the joints looked as if they were common to the two fingers. The nails were much curved on the outer sides, but at the contiguous parts they were smoothed off one against the other so that the interval between them would admit, at most, a stout sheet of paper. On the palmar aspect the fingers had only one tip without any appearance of a division, and the folds opposite the joints were common to the two; but a shallow pink line passed from the base of the last phalanges to the natural position of the commissure, indicating the place where separation ought to have occurred. The joints were freely movable, and there was in addition a slight lateral mobility in the neighbourhood of the middle articulations, but the terminal phalanges were united together by a broad piece of bone, which passed from base to base. The hands were altogether diminutive, and between the two there was only this difference—that in the right the nails were less closely pressed together, and the common terminal phalanx was somewhat broader than in the left.

It is evident, as the author remarks, that this was a difficult case to deal with, not only because of the bony union between the last phalanges, which it would have been a matter of difficulty to divide, but also because, from the thickness of the web, an operation with the knife would have necessarily left a very wide raw surface. He accordingly determined to make an attempt with the elastic ligature, of the efficiency of which he had already convinced himself. The first India-rubber thread was entered just above the last phalanx, and was tied over the tip of the united fingers, care being taken that it occupied an exactly intermediate position between them. At first no inflammatory disturbance resulted, but after a few days slight suppuration set in, accompanied by a little feverishness; and after eight days the phalanges, bones and all, were completely separated from one another, the resulting wound being only half the width of that which would have followed a cutting operation. During the process the ligature required tightening by placing a small roll of plaster under it over the tips of the fingers. The remainder of the web was divided by one ligature, which, however, required frequent tightening. It was complete in five days, but during this period there was considerable inflammation of the parts, with a good deal of fever, and a small abscess formed on the fourth finger, which required opening. Afterwards the two fingers were separated, and fixed with plaster on a pasteboard splint, and cicatrization went on rapidly, while to prevent the reformation of the web at the junction of the fingers an elastic